

Northern Territory – Report against Subacute Care Implementation Plan

July – December 2009

Summary of Progress

There have been some difficulties in meeting anticipated implementation dates largely due to recruitment complexities and delays in capital works (Capital development is managed by another NT government body therefore removing direct control of the project from DHF). Notwithstanding, all initiatives but for the establishment of a Geriatric Evaluation and Management Service, are largely on track and only slightly delayed. We anticipate that the performance targets as outlined in the implementation plan will be met but for the GEM service which is dependant upon specialist recruitment. The HITH service for Alice Springs is expected to develop further with successful recruitment. The contact officer for all elements is Nicole Cameron, Director, Acute Care Policy and Services Development, 08 8999 2448.

Key deliverables	Progress and timing	Allocation of NPA funding	Comments
<p>Establishment of a psycho-geriatric service in the Northern Territory</p> <p>Recruitment completed by December 2009.</p> <p>Service admission criteria, policies and procedures developed by December 2009.</p> <p>Psycho-geriatric service commences January 2010</p>	<p>Completed March 2010.</p> <p>Completed January 2010</p> <p>Commenced January 2010</p>	<p>\$1.374M total</p> <p>Expenditure to date Total \$81,449</p> <p>Operational \$25,200 Including recruitment, office equipment, car lease, mobiles.</p> <p>Personnel \$56,248 Includes Project Officer position , 2 Clinical Nurse Consultants and visiting P/Geriatrician</p> <p>Costs for both operational and personnel will be ongoing will be ongoing</p>	<p>Service is operational in both Alice Springs and Darwin. We have had one visit to both Alice Springs and Darwin by our visiting Psycho-Geriatrician.</p> <p>There were some recruitment difficulties experienced for the CNC position in Darwin which means that the Darwin service is operating with alternative staffing arrangements until readvertised.</p>

<p>Establishing a Step-down Unit at the Royal Darwin Hospital.</p> <p>Complete scope of works August 2009.</p> <p>Request for tender September 2009.</p> <p>Building works commenced Dec 2009.</p>	<p>Delayed. Completed in December 2009.</p> <p>Delayed. RFT released January 2010</p> <p>Delayed. Building works commenced March 2010</p>	<p>\$1.221M Total</p> <p>Spent YTD \$ 201,656.50</p> <p>Allied Health staff, 3 FTE and once off equipment.</p>	<p>Allied Health staff have been recruited and additional equipment has been purchased. As soon as the renovations are complete, the step-down unit will be operational. This is still hoped to be July 2010 but is more likely to be August 2010 at this time.</p>
<p>Enhanced Hospital in the Home Program Alice Springs Hospital so that active and slow steam rehabilitation clients can be referred to the service</p> <p>Recruitment completed August 2009</p> <p>Purchase of equipment August 2009</p> <p>Referral to HITH Service, polices and procedures, revised August 2009</p> <p>Service commenced September 2009.</p>	<p>Partially complete. See comments</p> <p>Incomplete. See comments</p> <p>Completed December 2009</p> <p>Commenced January 2010.</p>	<p>\$855K Total</p> <p>Personnel \$27,168</p> <p>Operations \$10,000</p>	<p>With regards to recruitment, a Physiotherapist 0.5 FTE commenced Jan 2010. Recruitment for an Aboriginal Health Worker was unsuccessful and a decision was made to recruit to a therapy assistant instead. This has not been successful to date. No equipment has been purchased as yet due to the need to fully evaluate a real time ultrasound scanner.</p>
<p>Establish a Geriatric Evaluation and Management Service at Royal Darwin Hospital</p> <p>Recruitment completed December 2009.</p> <p>Service admission criteria, polices and procedures developed December 2009.</p> <p>GEM Services commenced January 2010.</p>	<p>Incomplete – Service operating under supervision of rehabilitation team</p> <p>Completed</p> <p>Commenced with restrictions – see comments</p>	<p>\$331K Total</p>	<p>A geriatric registrar could not be employed without supervision of a geriatric specialist. As an interim measure, a junior medical officer has been utilised to assist with subacute /geriatric patients under the supervision of rehabilitation team which will be an integral part of the subacute-geriatric unit. The GEM service has commenced in part with this strategy.</p>

Growth in subacute care services, July – December 2009

Year	Patient type	Admitted	Non-admitted	Combined	Additional Comments
	Unit of measure for services	<i>Patient days</i>	<i>OOS</i>	<i>Bed-day equivalents⁽²⁾</i>	
July-Dec 2009	Baseline data ⁽¹⁾	7,939	13,152	11,227	See the table below for 2 alternate reporting options – 12 months to June 09 and 12 months to Dec 09 with calculated growth. We are unable to report a different period (6 months) as compared with the baseline (a 12 month period).
	Targeted growth for 2009-10 ⁽³⁾	12%	0.5%	8.7%	
	Growth in July-Dec 2009				

(1) Based on 2007-08 data for the 6 month report.

(2) Please specify the basis of comparison/conversion of admitted and non-admitted services if this method of counting is used.

(3) As specified in the implementation plan for each State and Territory.

	Admitted	Non-Admitted	Combined
12 months ending Jun/2009		8,811	13,930
Growth from base line		11.0%	5.9%
12 months ending Dec/2009		8777	14,195
Growth from base line		10.6%	7.9%
6 months ending Dec/2009		4184	1390
			4531.5